



DECLARATION

As the below-named inventors, we declare that:

Our residences, post office addresses, and citizenships are as stated below under our names.

We believe we are the original, first, and joint inventors of the invention entitled "RIBOZYME THERAPY FOR THE TREATMENT OF PROLIFERATIVE SKIN AND EYE DISEASES," which is described and claimed in the specification and claims of Patent Application No. 09 696,791, which we filed in the United States Patent and Trademark Office on October 25, 2000 and for which a patent is sought; and this application claims the benefit of U.S. Provisional Application No. 60 161,532, filed October 26, 1999.

We have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment specifically referred to herein (if any).

We acknowledge our duty to disclose information of which we are aware which is material to the patentability and examination of this application in accordance with 37 C.F.R. § 1.56(a).

We further declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


Joan M. Robbins

Date

Residence

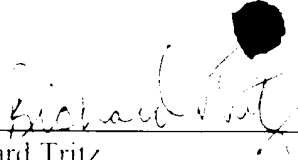
Citizenship

P.O. Address

11/25/01
City of San Diego, County of San Diego
State of California

United States of America

10265 Pinetree Drive
San Diego, California 92131


Richard Tritz

Date

1-24-61

Residence : City of San Diego, County of San Diego
State of California

Citizenship : United States of America

P.O. Address : 9515 Genesee Avenue, No. 127
San Diego, California 92121

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Joan M. Robbins and Richard Tritz
Attorney's Docket No: 480124.407
Application No.: 09 696,791
Filed: October 25, 2000
For: RIBOZYME THERAPY FOR THE TREATMENT OF
PROLIFERATIVE SKIN AND EYE DISEASES

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 C.F.R. §§ 1.9(f) AND 1.27(c)) -- SMALL BUSINESS CONCERN**

I declare that I am:

- ☐ the owner of the small business concern identified below.
☒ an official of the small concern empowered to act on behalf
of the concern identified below.

NAME OF CONCERN: Immusol, Incorporated
ADDRESS OF CONCERN: 10790 Roselle Street
San Diego, California 92121

I declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. §§ 121.3-18 and reproduced in 37 C.F.R. § 1.9(d) for purposes of paying reduced fees under 35 U.S.C. §§ 41(a) and 41(b) in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I declare that rights under contract or law have been conveyed to and remain with the small business concern with regard to the invention entitled:

RIBOZYME THERAPY FOR THE TREATMENT OF PROLIFERATIVE SKIN AND EYE DISEASES
by inventors: Joan M. Robbins and Richard Tritz
as described in:

- ☐ the specification filed herewith.
☒ Application No. 09 696,791, filed October 25, 2000.
☐ Patent No. _____, issued _____.

If the rights held by the small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as an

independent inventor under 37 C.F.R. § 1.9(c) or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).*

*NOTE: Separate verified statements are required from each named person, concern and organization having rights to the invention averring to his its status as a small entity. (37 C.F.R. § 1.27)

FULL NAME _____

ADDRESS _____

- ☐ individual
☐ small business concern
☐ nonprofit organization

FULL NAME _____

ADDRESS _____

- ☐ individual
☐ small business concern
☐ nonprofit organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earlier of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that the making of willfully false statements and the like is punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: _____ Tsvi Goldenberg, Ph.D. _____

TITLE OF PERSON OTHER THAN OWNER: _____ Chairman and CEO _____

ADDRESS OF PERSON SIGNING: _____ 10790 Roselle Street _____

San Diego, California 92121 _____

SIGNATURE: T. Goldenberg _____

DATE: 12/1/01 _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SAN DIEGO

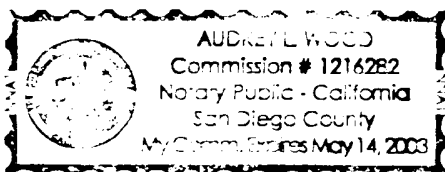
} ss

On 1-26-01 before me, Audrey L. Wood

personally appeared Jean M. Robbins and Richard Tritz

personally known to me

☒ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ ~~she~~ /they executed the same in ~~his~~ ~~her~~ /their authorized capacity(ies), and that by ~~his~~ ~~her~~ /their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

Audrey L. Wood
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: ASSIGNMENT

Document Date: 1/26/01 Number of Pages: 2

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer

Signer's Name: _____

Individual

Corporate Officer — Title(s): _____

Partner — Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other: _____

RIGHT THUMBPRINT
OF SIGNER

Signer Is Representing: _____

ASSIGNMENT

WHEREAS, we, Joan M. Robbins and Richard Tritz (hereinafter referred to as ASSIGNORS), having post office addresses of 10265 Pinetree Drive, San Diego, California 92131, and 9515 Genesee Avenue, No. 127, San Diego, California 92121, respectively, are the joint inventors of an invention entitled "RIBOZYME THERAPY FOR THE TREATMENT OF PROLIFERATIVE SKIN AND EYE DISEASES," as described and claimed in the specification for which an application for United States letters patent was filed on October 25, 2000, and assigned Application No. 09 696,791; this application claims the benefit of U.S. Provisional Application No. 60 161,532, filed October 26, 1999;

WHEREAS, Immusol, Incorporated (hereinafter referred to as ASSIGNEE), a corporation of the State of California having a place of business at 10790 Roselle Street, San Diego, California 92121, is desirous of acquiring the entire right, title and interest in and to the invention and in and to any letters patent that may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNORS hereby sell, assign and transfer unto said ASSIGNEE the entire right, title and interest in and to said invention, said application and any and all letters patent which may be granted for said invention in the United States of America and its territorial possessions and in any and all foreign countries, and in any and all divisions, reissues and continuations thereof, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from said United States application to which said foreign applications are entitled by virtue of international convention, treaty or otherwise, said invention, application and all letters patent on said invention to be held and enjoyed by ASSIGNEE and its successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNORS had this assignment, transfer and sale not been made. ASSIGNORS hereby authorize and request the Commissioner of Patents and Trademarks to issue all letters patent on said invention to ASSIGNEE. ASSIGNORS agree to execute all instruments and documents required for the making and prosecution of applications for United

States and foreign letters patent on said invention, for litigation regarding letters patent, or for the purpose of protecting title to said invention or letters patent therefor.

1/26/01
Date

[Signature]
Joan M. Robbins

State of _____)

ss.

County of _____)

SEE ATTACHED ACKNOWLEDGMENT

I certify that I know or have satisfactory evidence that Joan M. Robbins is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of
Notary Public _____

Printed Name _____

My appointment expires _____

1/26/01
Date

[Signature]
Richard Tritz

State of _____)

ss.

County of _____)

SEE ATTACHED ACKNOWLEDGMENT

I certify that I know or have satisfactory evidence that Richard Tritz is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of
Notary Public _____

Printed Name _____

My appointment expires _____